

The Commonwealth of Massachusetts
Division of Health Professions Licensure
Board of Registration in Dentistry
239 Causeway Street, 2nd Floor, Suite 200
Boston, MA 02114
(617)973-0971
www.mass.gov/dph/boards

BOARD USE ONLY

Issue Date: _____

License #: _____

Fee: _____

Exec. Dir.: _____

ANESTHESIA PERMIT APPLICATION
FACILITY PERMIT APPLICATION

- **PLEASE NOTE APPLICANTS FOR AN ANESTHESIA PERMIT CAN ONLY HOLD ONE INDIVIDUAL PERMIT (A OR B OR C)**
- **THE OWNER OF EACH PRACTICE MUST HAVE AN INDIVIDUAL (If they perform anesthesia) AS WELL AS A FACILITY PERMIT**

1. Applicant Name: _____
Last First Middle

2. Mailing Address: _____
No. Street Apt.#

City/Town State Zip Code

3. Business Address: _____
No. Street Apt.#

City/Town State Zip Code

4. Telephone Number-Day: _____ Evening: _____

5. _____
MA License Number

6. **SOCIAL SECURITY NUMBER (MANDATORY)** _____ - _____ - _____

Pursuant to MGL c. 62C, § 47A, the Division of Health Professions Licensure is required to obtain your social security number and forward it to the Department of Revenue. The Department of Revenue will use your social security number to ascertain whether you are in compliance with the child support and tax laws of the Commonwealth.

() PERMIT A

General Anesthesia, Deep Sedation, Conscious Sedation, and Nitrous-Oxide Oxygen Sedation

I have attached documentation of one of the following:

- () Successful completion of one year advanced training in anesthesiology beyond dental school level.
- () Certification by the American Board of Oral and Maxillofacial Surgeons.
- () Certification as a Fellow in Anesthesia by the American Dental Society of Anesthesiology.

List all practice locations, including hospitals, at which General Anesthesia, Deep Sedation, Conscious Sedation, or Nitrous Oxide Sedation is administered, or Where You Are the Owner/ Supervising Dentist.

<u>Please Print Address</u>	<u>Phone</u>	<u>Facility</u>
_____ () _____		
_____ () _____		
_____ () _____		

() PERMIT B

Conscious Sedation

() I have attached documentation of successful completion of a course which conforms to the American Dental Association Guidelines for Teaching the Comprehensive Control of Pain Anxiety in Dentistry, Parts 1 and 2. A copy of dental school diploma or residency certificate is acceptable.

List All Practice Locations, Including Hospitals, at which Conscious Sedation is Administered, or Where You Are the Owner/ Supervising Dentist.

<u>Please Print Address</u>	<u>Phone</u>	<u>Facility</u>
_____ () _____		
_____ () _____		
_____ () _____		

() PERMIT C

Nitrous-Oxide Oxygen Sedation Only

() I have attached documentation of successful completion of a course which conforms to the American Dental Association Guidelines for Teaching the Comprehensive Control of Pain and Anxiety Dentistry, Parts 1 and 2. A copy of dental school diploma or residency certificate is also acceptable.

List all practice locations, including hospitals, at which Nitrous Oxide Oxygen Sedation is administered, or Where You Are the Owner/ Supervising Dentist.

<u>Please Print Address</u>	<u>Phone</u>	<u>Facility</u>
_____ () _____		
_____ () _____		
_____ () _____		

() PERMIT D-Facility Permit

Facility Permit for General Anesthesia, Deep Sedation, Conscious Sedation and/or Nitrous Oxide Sedation.

() I request that an on-site inspection be scheduled.

() I have attached a current certificate of successful completion of an on-site inspection be conducted by the Massachusetts Society of Oral and Maxillofacial Surgeons and request that such inspection be accepted in lieu of an on-site inspection by the Board.

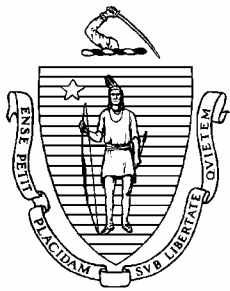
List all practice locations, including hospitals, at which General Anesthesia, Deep Sedation, Conscious Sedation, or Nitrous Oxide Sedation is administered, or Where You Are the Owner/ Supervising Dentist.

<u>Please Print Address</u>	<u>Phone</u>	<u>Facility</u>
_____ () _____		
_____ () _____		
_____ () _____		

I HEREBY CERTIFY, UNDER THE PAINS AND PENALTY OF PERJURY, THAT I HAVE A PROPERLY EQUIPPED FACILITY AND A PROPERLY TRAINED STAFF UNDER 234 CMR 3.00 ADMINISTRATION OF GENERAL ANESTHESIA, PARENTERAL SEDATION AND/OR CONSCIOUS SEDATION AND FURTHER THAT THE INFORMATION PROVIDED HEREIN IS TRUTHFUL.

Date

Signature



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Instruction for Anesthesia and Facility Permit

1) Application and Permit Fee-

A fee of \$120 must accompany application for each permit requested. Check or money order can be made payable to the Commonwealth of Massachusetts. Please note: if you are the owner of the practice you will need to apply for a Facility Permit D as well. (If you are requesting both a facility permit and an individual, the fee is \$240)

2) Please attach the following documentation, which pertains to the permit you are requesting.

For **PERMIT A** enclose either of the following:

- 1) Evidence of successful completion of one year advanced training beyond dental school level.
- 2) Certification by the American Board of Oral and Maxillofacial Surgeons.
- 3) Certification as a fellow in Anesthesia by the American Dental Society of Anesthesiology.

For **PERMIT B** enclose either of the following:

- 1) Documentation of successful completion of a course which conforms to the American Dental Association Guidelines for Teaching the Comprehensive Control of Pain Anxiety in Dentistry, Parts 1 and 2.
- 2) A copy of dental school diploma or residency certificate.

For **PERMIT C** enclose the following:

- 1) Documentation of successful completion of a course which conforms to the American Dental Association Guidelines for Teaching the Comprehensive Control of Pain Anxiety in Dentistry, Parts 1 and 2.
- 2) A copy of dental school diploma or residency certificate.

For **PERMIT D** enclose the following:

- 1) Facility Permit application for General Anesthesia, Deep Sedation, Conscious Sedation and/or Nitrous Oxide Sedation.

This application should only be submitted after determining that the requirements in 234 CMR 3.00 Administration of General Anesthesia, Deep Sedation, Conscious Sedation and Nitrous-Oxide Oxygen Sedation have been met. To obtain a copy of 234 CMR Dental Rules and Regulations please call the State House Bookstore, Room 116, Boston, MA 02133 at Phone # (617) 727-2834 for document, fees and mailing instructions.